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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation
14 Against:

Case No. 800-2015-016085

OAH No. 2018030470

15 **SOHEIL YOUNAI, M.D.**
16 **16055 Ventura Blvd., Suite 100**
Encino, CA 91436

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate**
18 **No. G 69368,**

19 Respondent.

20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by LeAnna E. Shields,
27 Deputy Attorney General.

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2. Respondent Soheil Younai, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., of Bonne, Bridges, Mueller, O'Keefe & Nichols, Professional Corporation, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On or about July 30, 1990, the Board issued Physician's and Surgeon's Certificate No. G 69368 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2015-016085, and will expire on May 31, 2020, unless renewed.

JURISDICTION

4. On February 19, 2019, the First Amended Accusation No. 800-2015-016085 was filed before the Board, and is currently pending against Respondent. A true and correct copy of the First Amended Accusation No. 800-2015-016085 and all other statutorily required documents were properly served on Respondent on February 19, 2019. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of the First Amended Accusation No. 800-2015-016085 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in the First Amended Accusation No. 800-2015-016085. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in the First
4 Amended Accusation No. 800-2015-016085 and agrees that he has thereby subjected his
5 Physician's and Surgeon's Certificate No. G 69368 to disciplinary action.

6 9. Respondent further agrees that if an accusation is ever filed against him before the
7 Medical Board of California, all of the charges and allegations contained in the First Amended
8 Accusation No. 800-2015-016085 shall be deemed true, correct and fully admitted by Respondent
9 for purposes of any such proceeding or any other licensing proceeding involving respondent in
10 the State of California.

11 10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 69368 is
12 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
13 in the Disciplinary Order below.

14 CONTINGENCY

15 11. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
16 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
17 submitted to the Board for its consideration in the above-entitled matter and, further, that the
18 Board shall have a reasonable period of time in which to consider and act on this Stipulated
19 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully
20 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation
21 prior to the time the Board considers and acts upon it.

22 12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
23 null and void and not binding upon the parties unless approved and adopted by the Board, except
24 for this paragraph, which shall remain in full force and effect. Respondent fully understands and
25 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
26 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
27 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
28 the Board, any member thereof, and/or any other person from future participation in this or any

1 other matter affecting or involving respondent. In the event that the Board does not, in its
2 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
3 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
4 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
5 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
6 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
7 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
8 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

9 **ADDITIONAL PROVISIONS**

10 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
11 be an integrated writing representing the complete, final and exclusive embodiment of the
12 agreements of the parties in the above-entitled matter.

13 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
14 including copies of the signatures of the parties, may be used in lieu of original documents and
15 signatures and, further, that such copies shall have the same force and effect as originals.

16 15. In consideration of the foregoing admissions and stipulations, the parties agree the
17 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
18 the following Disciplinary Order:

19 **DISCIPLINARY ORDER**

20 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 69368 issued
21 to Respondent SOHEIL YOUNAI, M.D. shall be and is hereby publicly reprimanded pursuant to
22 California Business and Professions Code section 2227, subdivision (a)(4). This Public
23 Reprimand, which is issued in connection with the First Amended Accusation No. 800-2015-
24 016085, is as follows:

25 1. In July 2015, Respondent was negligent in performing an elective surgery of
26 abdominoplasty and liposuction without a preoperative hematologist consultation on an anemic
27 sickle cell patient and in not discharging her to a hospital for post-surgery monitoring, as more
28 fully described in the First Amended Accusation No. 800-2015-016085.

1 2. EDUCATION COURSE. Within one (1) year of the effective date of the Decision,
2 Respondent shall complete not less than forty (40) hours of Continuing Medical Education
3 (CME). The CME courses shall be aimed at correcting any areas of deficient practice or
4 knowledge in plastic surgery. The forty (40) hours of CME shall be at Respondent's expense and
5 shall be in addition to the CME requirements for renewal of licensure. Respondent shall submit
6 proof of completion to the Board or its designee.

7 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A medical record keeping course taken after the acts that gave rise to the charges in the
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
18 or its designee, be accepted towards the fulfillment of this condition if the course would have
19 been approved by the Board or its designee had the course been taken after the effective date of
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
25 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
26 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
27 Respondent shall participate in and successfully complete that program. Respondent shall
28 provide any information and documents that the program may deem pertinent. Respondent shall

1 successfully complete the classroom component of the program not later than six (6) months after
2 Respondent's initial enrollment, and the longitudinal component of the program not later than the
3 time specified by the program, but no later than one (1) year after attending the classroom
4 component. The professionalism program shall be at Respondent's expense and shall be in
5 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

6 A professionalism program taken after the acts that gave rise to the charges in the
7 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
8 or its designee, be accepted towards the fulfillment of this condition if the program would have
9 been approved by the Board or its designee had the program been taken after the effective date of
10 this Decision.

11 Respondent shall submit a certification of successful completion to the Board or its
12 designee not later than 15 calendar days after successfully completing the program or not later
13 than 15 calendar days after the effective date of the Decision, whichever is later.

14 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
15 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
16 program approved in advance by the Board or its designee. Respondent shall successfully
17 complete the program not later than six (6) months after Respondent's initial enrollment unless
18 the Board or its designee agrees in writing to an extension of that time.

19 The program shall consist of a comprehensive assessment of Respondent's physical and
20 mental health and the six general domains of clinical competence as defined by the Accreditation
21 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
22 Respondent's current or intended area of practice. The program shall take into account data
23 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
24 Accusation(s), and any other information that the Board or its designee deems relevant. The
25 program shall require Respondent's on-site participation for a minimum of three (3) and no more
26 than five (5) days as determined by the program for the assessment and clinical education
27 evaluation. Respondent shall pay all expenses associated with the clinical competence
28 assessment program.

1 At the end of the evaluation, the program will submit a report to the Board or its designee
2 which unequivocally states whether the Respondent has demonstrated the ability to practice
3 safely and independently. Based on Respondent's performance on the clinical competence
4 assessment, the program will advise the Board or its designee of its recommendation(s) for the
5 scope and length of any additional educational or clinical training, evaluation or treatment for any
6 medical condition or psychological condition, or anything else affecting Respondent's practice of
7 medicine. Respondent shall comply with the program's recommendations.

8 Determination as to whether Respondent successfully completed the clinical competence
9 assessment program is solely within the program's jurisdiction.

10 If Respondent fails to enroll, participate in, or successfully complete the clinical
11 competence assessment program within the designated time period, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall not resume the practice of medicine until
14 enrollment or participation in the outstanding portions of the clinical competence assessment
15 program have been completed. If Respondent did not successfully complete the clinical
16 competence assessment program, Respondent shall not resume the practice of medicine until a
17 final decision has been rendered on the accusation and/or a petition to revoke probation.

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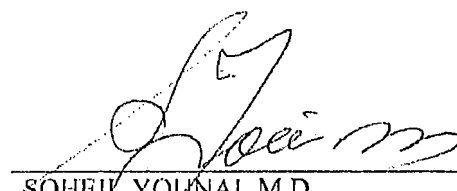
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and, having the benefit of counsel, enter into it freely, voluntarily, intelligently, and with full knowledge of its force and effect on my Physician's and Surgeon's Certificate No. G 69368. I fully understand that, after signing this stipulation, I may not withdraw from it, that it shall be submitted to the Medical Board of California for its consideration, and that the Board shall have a reasonable period of time to consider and act on this stipulation after receiving it. By entering into this stipulation, I fully understand that, upon formal acceptance by the Board, I shall be publicly reprimanded by the Board and shall be required to comply with all of the terms and conditions of the Disciplinary Order set forth above. I also fully understand that any failure to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and will subject my Physician's and Surgeon's Certificate No. G 69368 to further disciplinary action. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/7/19



SOHEIL YOUNAI, M.D.

Respondent

I have read and fully discussed with Respondent Soheil Younai, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

I approve its form and content.

DATED: 5/7/19



PETER R. OSINOFF, ESQ.

Attorney for Respondent

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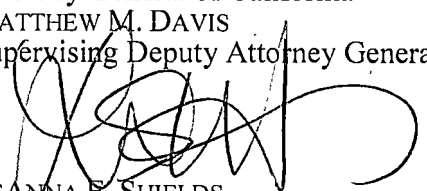
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 5.8.19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2015-016085

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12 In the Matter of the First Amended Accusation
13 Against:

14 **SOHEIL YOUNAI, M.D.**
16055 Ventura Blvd Ste. 100
15 Encino, California 91436

16 **Physician's and Surgeon's Certificate**
No. G 69368,

17 Respondent.

Case No. 800-2015-016085

FIRST AMENDED ACCUSATION

(Cal. Gov. Code, § 11507.)

18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
22 her official capacity as the Executive Director of the Medical Board of California, Department of
23 Consumer Affairs (Board).

24 2. On or about July 30, 1990, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 69368 to Soheil Younai, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on May 31, 2020, unless renewed.

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JURISDICTION

3. This First Amended Accusation which supersedes the Accusation filed on October 17, 2017, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2229 of the Code states:

“(a) Protection of the public shall be the highest priority for the Division of Medical Quality, the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality Hearing Panel in exercising their disciplinary authority.

“(b) In exercising his or her disciplinary authority an administrative law judge of the Medical Quality Hearing Panel, the division, or the California Board of Podiatric Medicine, shall, wherever possible, take action that is calculated to aid in the rehabilitation of the licensee, or where, due to a lack of continuing education or other reasons, restriction on scope of practice is indicated, to order restrictions as are indicated by the evidence.

“(c) It is the intent of the Legislature that the division, the California Board of Podiatric Medicine, and the enforcement program shall seek out those licensees who have demonstrated deficiencies in competency and then take those actions as are indicated, with priority given to those measures, including further education, restrictions from practice, or other means, that will remove those deficiencies. Where rehabilitation and protection are inconsistent, protection shall be paramount.”

6. Section 2004 of the Code states:

“The board shall have the responsibility for the following:

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

1 “(b) The administration and hearing of disciplinary actions.

2 “(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
3 administrative law judge.

4 “(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
5 disciplinary actions.

6 “(e) Reviewing the quality of medical practice carried out by physician and surgeon
7 certificate holders under the jurisdiction of the board.

8 “(f) Approving undergraduate and graduate medical education programs.

9 “(g) Approving clinical clerkship and special programs and hospitals for the programs in
10 subdivision (f).

11 “(h) Issuing licenses and certificates under the board's jurisdiction.

12 “(i) Administering the board's continuing medical education program.”

13 7. Section 2234 of the Code states:

14 “The board shall take action against any licensee who is charged with unprofessional
15 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
16 limited to, the following:

17 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
18 violation of, or conspiring to violate any provision of this chapter.

19 “(b) Gross negligence.

20 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
21 omissions. An initial negligent act or omission followed by a separate and distinct departure from
22 the applicable standard of care shall constitute repeated negligent acts.

23 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
24 for that negligent diagnosis of the patient shall constitute a single negligent act.

25 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
26 constitutes the negligent act described in paragraph (1), including, but not limited to, a
27 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the

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1 applicable standard of care, each departure constitutes a separate and distinct breach of the
2 standard of care.

3 “(d) Incompetence.

4 “(e) The commission of any act involving dishonesty or corruption which is substantially
5 related to the qualifications, functions, or duties of a physician and surgeon.

6 “(f) Any action or conduct which would have warranted the denial of a certificate.

7 “(g) The practice of medicine from this state into another state or country without meeting
8 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
9 apply to this subdivision. This subdivision shall become operative upon the implementation of
10 the proposed registration program described in Section 2052.5.

11 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
12 participate in an interview by the board. This subdivision shall only apply to a certificate holder
13 who is the subject of an investigation by the board.”

14 **FIRST CAUSE FOR DISCIPLINE**

15 **(Gross Negligence)**

16 8. Respondent Soheil Younai, M.D. is subject to disciplinary action under section 2234,
17 subdivision (b), of the Code in that he was grossly negligent in the care and surgical treatment of
18 a patient. The circumstances are as follows:

19 A. On or about July 13, 2015, patient R.J. first consulted with Respondent at his
20 Encino, California surgery center. R.J. was a 188 pound, 5 foot 3 inch, 53-year-old type 2
21 diabetic female with a history of hypertension, fibromyalgia, hypothyroidism and sickle cell
22 retinopathy who had been managed medically by a Kaiser Permanente physician, Dr. T., at
23 least since 2014. She had no history of sickle cell crises. Her diabetes was treated with

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1 Metformin.¹ Her other medications included Levothyroxine,² Lotensin,³ Milnacipran,⁴
2 Norvasc,⁵ Paxil,⁶ Temazepam⁷ and Phentermine.⁸ Respondent completed a history and
3 physical examination form as well as body contouring consultation notes and the patient
4 signed consents for anesthesia, photos and surgery consents for abdominoplasty and
5 liposuction of the flanks, bra roles, face and neck. Blood labs drawn that day were notable
6 for Hemoglobin 9.3 G/dL (normal 12 to 16), hematocrit 27.3% (normal 36 to 48), normal
7 platelet count and normal PT/PTT.

8 B. On or about July 15, 2015, patient R.J. saw Dr. T. with a three-week history of
9 cough productive of white sputum. He prescribed Zithromax⁹ and Guaifenesin.¹⁰

10 C. On or about July 17, 2015, Dr. T. saw the patient again. On that date, her
11 cough was no longer productive and he cleared her for surgery. A blood smear on that
12 date showed 4.5 reticulocytes/100 RBCs (normal 0.4 to 2.5) and 0.57 immature

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15 ¹ Metformin, sold under brand names including Fortamet, is a dangerous drug as
16 designated by Code section 4022. It is used to treat type 2 diabetes.

17 ² Levothyroxine is a dangerous drug within the meaning of Code section 4022. It is used
18 to treat hypothyroidism.

19 ³ Lotensin, a brand name for benazepril, is a dangerous drug pursuant to section 4022 of
20 the Code. It is used to treat hypertension.

21 ⁴ Milnacipran is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) used
22 for treating pain associated with fibromyalgia. It is a dangerous drug pursuant to section 4022 of
23 the Code.

24 ⁵ Amlodipine, sold under brand names including Norvasc, is a dangerous drug as
25 designated by Business and Professions Code section 4022. It is used to treat hypertension.

26 ⁶ Paxil is categorized as a dangerous drug pursuant to Business and Professions Code
27 section 4022. It is an antidepressant used to treat depression.

28 ⁷ Restoril, also known as temazepam, is a Schedule IV controlled substance pursuant to
Health and Safety Code section 11057, subdivision (d)(29), and is a dangerous drug pursuant to
Code section 4022. Restoril is a central nervous system depressant used to treat insomnia and
sleep disorders.

⁸ Phentermine, is a Schedule IV controlled substance pursuant to Health and Safety Code
section 11057, subdivision (f)(4), and is categorized as a dangerous drug pursuant to Code section
4022. Phentermine tablets are indicated for obesity and to promote weight loss.

⁹ Azithromycin, sold under brand names including Zithromax, is a dangerous drug as
designated by Code section 4022. It is a macrolide antibiotic drug.

¹⁰ Guaifenesin is an expectorant. It is available in over-the-counter products such as
Mucinex and Robitussin Chest Congestion. When combined with codeine, it becomes a Schedule
V controlled substance as designated by Health and Safety Code section 11058, subdivision
(c)(1), and a dangerous drug as designated by Code section 4022.

1 reticulocytes/normal reticulocytes¹¹ (normal 0.2 to 0.4) with a normal ferritin level. The
2 TSH level was normal and Hemoglobin A1C was 4.1%.

3 D. On or about July 20, 2015, Dr. T. noted that patient R.J. was feeling and
4 breathing well. The chest was clear to auscultation and she was advised to hydrate for
5 surgery.

6 E. On or about July 22, 2015, patient R.J. presented to Respondent for surgery.
7 Preoperative photos taken on that date show an obese female with a protuberant abdomen, a
8 hanging infraumbilical pannus whose fold extends laterally to the mid-axillary lines and
9 excess submental fat. Respondent did not order a preoperative hematologist consultation.
10 Respondent did not order a preoperative blood transfusion.

11 F. Respondent's July 22, 2015, operative report describes placement of pneumatic
12 stockings, induction of general anesthesia, injection of 2530cc of tumescent solution,
13 liposuction of the lateral chest, flank, neck, standard abdominoplasty with rectus plication
14 and closure over 2 drains with a 250cc estimated blood loss and 3700cc of IV fluid given.
15 The nurse's record documents three hours and 55 minutes of surgery time, 2 liters of
16 tumescent infiltrated (50cc of lidocaine 1% [500mg] with 1:100K epinephrine per liter
17 normal saline, i.e., 1000mg), 50cc of local anesthesia 1% lidocaine (10mg/cc or 500mg)
18 with 1:100K epinephrine and 50cc of local anesthesia bupivacaine 0.5% (5mg/cc or 250mg).
19 The anesthesia records document a surgical time of three hours and 55 minutes,
20 preoxygenation, endotracheal intubation, balanced anesthesia, 3700cc LR IV fluids given,
21 400cc blood loss, stable vital signs and 100% oxygen saturation throughout surgery,
22 postoperative blood glucose 158 and hemoglobin 7.4, JP drain output of 290cc and
23 clearance for discharge about two hours after surgery, i.e., at 2:50 p.m. Total liposuction
24 aspirate was reported as 1400cc by the surgeon and 1800cc by the circulating nurse.

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26 ¹¹ Reticulocytes are immature red blood cells (RBCs). They're made in the bone marrow
27 (the spongy material inside bone) and are released into the bloodstream, where they circulate for
28 about 1-2 days before developing into mature red blood cells. A low reticulocyte count may
 mean fewer red blood cells are being made by the bone marrow. This can be caused by aplastic
 anemia or other types of anemia, such as iron deficiency anemia.

1 G. At discharge, Respondent did not send the patient to the hospital for a needed
2 blood transfusion and metabolic monitoring.

3 H. At discharge the patient was picked up by her husband who reported that she
4 kept falling asleep as he drove to their residence in Lancaster. After they arrived home,
5 patient R.J. began to have breathing difficulty around 5:30 p.m. and lost urinary control
6 when he stood her up to go to the bathroom. He sat her up on the toilet but she fell to the
7 floor when he went to call 911. The call was received 5:43 p.m. and the ambulance arrived
8 at 5:49 p.m. CPR was initiated at 5:52 p.m. as there was no spontaneous breath, pulse or
9 blood pressure. Per EMS records, she had a large amount of fluid in her lungs that was
10 coming out of her nostrils hampering end tidal CO2 measurements; the pupils were fixed
11 and dilated and her blood sugar was 344. Her pulse returned at 6:08 p.m. but by the time of
12 arrival at the hospital there was no pulse, heart beat or blood pressure. After 20 minutes of
13 attempted resuscitation and infusion of 2 units of packed red blood cells she was
14 pronounced deceased. A bedside ultrasound did not show cardiac motion, cardiac
15 tamponade or an effusion. A glucometer reading was 344 and a chest x-ray showed diffuse
16 bilateral pulmonary infiltrates.

17 I. On or about July 22, 2015, Respondent was grossly negligent when he
18 performed an operation associated with significant blood loss and internal body fluid shifts
19 without a preoperative hematologist consultation on an anemic sickle cell patient, R.J.

20 J. On or about July 22, 2015, Respondent was grossly negligent when he
21 discharged a diabetic, high drain output, sickle cell postoperative patient, R.J., home with a
22 fasting blood glucose of 158 and hemoglobin of 7.4 instead of sending her to the hospital
23 for monitoring.

24 **SECOND CAUSE FOR DISCIPLINE**

25 **(Repeated Negligent Acts)**

26 9. Respondent Soheil Younai, M.D. is subject to disciplinary action under section 2234,
27 subdivision (c), of the Code in that he engaged in repeated negligent acts in the care and surgical
28 treatment of a patient. The circumstances are as follows:

10. The facts and circumstances alleged in paragraph 8.A. through 8.J. are incorporated here as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

11. Respondent Soheil Younai, M.D. is subject to disciplinary action under section 2234 of the Code in that he engaged in unprofessional conduct in the care and surgical treatment of a patient. The circumstances are as follows:

12. The facts and circumstances set forth in the First and Second Causes for Discipline are incorporated here as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 69368,
issued to Soheil Younai, M.D.;

2. Revoking, suspending or denying approval of Soheil Younai, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Soheil Younai, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. . Taking such other and further action as deemed necessary and proper.

DATED: February 19, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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